

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	2					
2	1					
3	1					
4	1					
5	1					
6	1	1				
7						
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16	1					
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TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS



	IND	DEP	IND	DEP	IND	DEP
51						
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TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

